State of California—Health and Human Services Agency

Exhibi	

INVENTORY/DISPOSITION OF DHS-FUNDED EQUIPMENT

Current Contract Number: Previous Contract Number (if applicable):		Date Current Contract Expires:					
							Contractor's Name:
Complete Address	s:						
			DHS Program	Contract Manager'	s Telephone	Number:	
Contractor's Contact Person:			Date of this Report:				
		r:					
		(THIS IS NOT A BI	JDGET FOR	RM)			
STATE/DHS PROPERTY TAG NUMBER (If motor vehicle, list license number.)	QUANTITY	DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	DHS ASSET MGMT. USE ONLY DHS Document Number	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If motor vehicle, list VIN number.)	OPTIONAL— PROGRAM USE ONLY
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(Please read carefully.)

The information on this form will be used by the Department of Health Services (DHS) Asset Management Unit to: (a) conduct an annual inventory of DHS equipment and property in the possession of the Contractor and/or Subcontractors; and (b) dispose of these same items. Report all items, per number 1 below, purchased with DHS funds and used to conduct state business under this contract. (See "Special Terms and Conditions" and *Health Administrative Manual*, Section 2-1000 et seq.)

The Contractor is responsible for completing this form and submitting it to the DHS Program Contract Manager. The DHS Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to the DHS Asset Management Unit.

Inventory: List all DHS equipment and miscellaneous property on this form and submit it within 30 days prior to the one-year anniversary of the contract's effective date. If applicable, the annual inventory should be based on previously submitted HAS 1203s, "Contractor Equipment Purchased with DHS Funds." DHS Asset Management Unit will contact the DHS Program Contract Manager if there are any discrepancies.

Disposal: (Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).) The HAS 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of: (a) during the term of this contract; and (b) 60 calendar days before the termination of this contract. After receipt of this form, the DHS Asset Management Unit will contact the DHS Program Contract Manager to arrange for the appropriate disposal/transfer of the items.

- 1. List the State/DHS property tag number, quantity, description, serial number, and base unit cost for each item of:
 - A. Major Equipment: (These items were issued green numbered state/DHS property tags.)
 - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
 - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video).
 - B. Minor Equipment: (These items were issued green numbered state/DHS property tags.)
 - Tangible item having a base unit cost less than \$5,000, with a life expectancy of one (1) year or more, and listed on DHS Asset Management Unit's Minor Equipment List. (A "Minor Equipment List" can be obtained by calling the DHS Asset Management Unit at the number listed below.)
 - C. Miscellaneous Property: (These items were issued a green, unnumbered state/DHS property tag.)
 - Specific tangible items with a life expectancy of one (1) year or more that are purchased with DHS funds (furniture, cabinets, typewriters, desktop calculators, pocket dictators, nondigital cameras; *modular furniture excluded*.)
- 2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number.
- 3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3").
- 4. The DHS Program Contract Manager should retain one copy and send the original to: Department of Health Services, Asset Management Unit, P.O. Box 942732, 1501 Capitol Avenue, Suite 71.2101, MS 1404, Sacramento, CA 94234-7320.

For more information on completing this form, call the DHS Asset Management Unit at (916) 650-0124.